_/	<u></u>		
<i>I_</i>	_1	1_1	1_

of each	1. PLACE OF BIRTH BUREAU OF V	BOARD OF HEALTH ITAL STATISTICS State File No
2	O STANDARD CERT	IFICATE OF BIRTH Registered No. 22
Ę	County	
ĺ	Township	State Prisona
á	***************************************	or Village
á	2. Full page of all 1	a hospital or institution, give its NAME instead of street and numb
9	and the or child the formand	If child is not make make make make make make make make
for each,	3. Sex If plural 4. Twin, triplet, or other	Suppremental report, as direct
ER G	— I (() I I I I I I I I I I I I I I I I	Full towns and birth (Way) 10
	9. Full FATHER	18. Full
8	- Iransesco Guyman	maiden / MOTHER
must be made for each,	10. Residence (nonel start of the start of t	name Josefa Bracamonte
3-5	(11 nontesident, give place and State) Llove, Wesong	19. Residence (usual place of abode) (1f nonresident, give place and State)
22	11. Color or races (2. Age at last birthday 2. 9. (Years)	20 5-17
2	12 Pint 1 -1	- (Year
order of birth stated.	(State or country)	22. Birthplace (city or place) 4 102
7 8 −	1 4/1/0 67/1/1	(State or country) Sonora.
8 2	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	23. Trade, profession, or particular kind
• ~ # 5	15. Industry or business in which	of work done, as housekeeper, typist, nurse, clerk, etc.
i i	work was done, as silk mill,	24. Industry or business in which work was done, as own home,
, 0	[[of work done, as housekeeper, typist, nurse, clerk, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year)
	engaged in this work 17. Total time (years) spent in this work	O last engaged in this work 26. Total time (years)
2		19. spent in this work
-	(At time of this birth and including this child) (a) Born alive and not	W living Q (h) Para II
2	6. II \$(MDQFD.	<i></i>
- 11	period of gestation	Before labor
-	CERTIFICATE OF ATTENDING	During labor
\ I	I hereby certify that I attended the birth of this child, who was	XiAX a () ' a
N J	When there was no attending physician	(Born alive or stillborn)
_ k }	When there was no attending physician or midwife, then the father, nonecholder, etc., should make this return. (Signature)	gned)
E	ven name added from oror	M. D.
		ires Bluse It 21000 Quante Midwife
11	File	

7.4